



## **Administrative Simplification Committee**

**September 19, 2012**

### **Meeting Minutes**

The first meeting of the Bayou Health Administrative Simplification Committee was called to order by Jen Steele, committee chair.

Committee members introduced themselves to others in attendance. In attendance were: Jen Steele, Kellea Tuminello, Greg Waddell, Francis Sagona, Shan McDaniel, Floyd Buras, Sonya Nelson, Alesia Wilkins-Braxton, Kevin Campbell, Monet Faulkner, Kathy Stone, Rebecca Engelman, Julia Kenny, Berkley Durbin, Darlene White, Paula Jennings, Ashley Politz, Cindy Caroon, Hexter Bennett, Joette Smith, Amanda Caire, Dawn Love, Gail Williams, Veronica Dent, Angela Marshall, Destiny Rohmfeld, Michelle Renee, Susan Badeaux, and Greg Ivey.

Jen Steele presented an overview of the purpose of the Bayou Health Administrative Simplification Committee, which is to promote operational efficiency, to the benefit of Bayou Health providers and recipients, by:

- Reviewing current administrative practices;
- Identifying and prioritizing streamlining opportunities;
- Sharing best administrative practices;
- Reducing variation and increasing uniformity in administrative practices across health plans as appropriate;
- Simplifying the implementation of applicable federal and state regulations; and,
- Reporting activities and making recommendations to the Bayou Health Quality Committee.

She also outlined the roles and responsibilities of committee members, as follows:

- Providers: Communicate practical, end user experience; identify problem areas; shape improvements
- Health Plans: Address questions on current practices; explore alternatives
- DHH Bayou Health staff: Facilitate Committee meetings, work processes; prepare activity reports, recommendations to Quality Committee

Dr. Buras expressed concern that few committee members are able to speak directly to the end user experience.

Following introductions and overviews, committee members were asked to reflect on their experience to date with Bayou Health and to share their thoughts on focus areas for

administrative simplification. They were asked to be specific, briefly explain each issue, ask questions, and share improvement ideas. Members discussed:

1. **Reimbursement of newborns.** Members expressed that plans should not be able to pay providers 90% of the Medicaid fee until mother has choice of plans; that providers should be able to get paid if not PCP until such time; and, that plans should pay pediatricians 100% of the Medicaid fee for 30 days from DOB.
2. **Minimum payment levels.** Dr. Buras expressed that minimum payment levels are not clearly defined and that there appear to be multiple. He suggested a uniform minimum payment level be established.
3. **Member disenrollment/reenrollment.** Dr. Buras voiced concern about the Bayou Health enrollment policy and practice for members who cycle out of and back into Medicaid in a short period of time, specifically their assignment to a different health plan or PCP at reentry than the plan or PCP assigned when at exit. DHH staff reviewed Bayou Health policy on plan and PCP assignment for reenrollment with 60 days of disenrollment, requiring the member to be reenrolled with the exit plan/PCP.
4. **Network adequacy.** Berkley Durbin expressed concern about a lack of network adequacy.
5. **Auto assignment.** Members expressed concern about the auto assignment algorithm adding siblings to different plans and PCPs.
6. **Bayou Health secondary coverage.** Members questioned Bayou Health enrollment for individuals for whom Medicaid is secondary coverage.
7. **Enrollment file discrepancies.** Members expressed frustration with mismatches in the enrollment files of Maximus, Molina and the Health Plans. DHH discussed weekly meetings with all three parties to resolve 834 file discrepancies.
8. **Hospital procedures.** LHA discussed various procedures they would like to see standardized across all 5 plans, including:
  - Faxing pre-certs vs. calls
  - Observation time (30 hours vs. 24 hours)
  - Turnaround time for authorizations (verbal vs. fax). Hospitals prefer fax.
  - Approval of days
  - Denial and appeal process
  - Behavioral health disconnect between plans and Magellan.
  - NDC issue on shared side: Full vs. partial dose
  - Interqual vs. Milliman criteria. Hospitals use one of the other but plans may have one that the hospital does not use.

Members requested Maximus representation at future committee meetings to address questions relative to enrollment broker functions.

From the discussion, action items for follow up at the next meeting were identified:

1. **Newborn reimbursement.** Request each health plan and Maximus report on their policy and practice on informing pregnant women on the choice of plan/PCP for the newborn.
2. **Auto-assignment.** Request Maximus present on the auto-assignment algorithm relative to siblings.
3. **Member disenrollment/reenrollment.** Request health plans review current practice for compliance on 60 day reenrollment policy and report back.

Jen Steele briefly discussed DHH plans for implementation of the primary care services payment required by the Affordable Care Act and identified committee members interested in providing input. She agreed to email the draft attestation form and provider cover letter to identified members for review and feedback.

Next meeting dates were announced. The final date for 2012 is November 13. 2013 dates are: January 8, March 12, May 14, July 9, September 10, and November 12.

Meeting adjourned.